

EXHIBIT “ B “

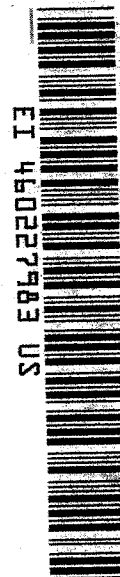
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>ATTN: ResCap Claims Processing Center c/o KCC P.O. Box 5004 Hawthorne, CA 90250</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ery address below:</p>	
		<p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) EI 460 227 983 US</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Dom. Re</p>	

PRESS HARD. YOU ARE MAKING 3 COPIES.

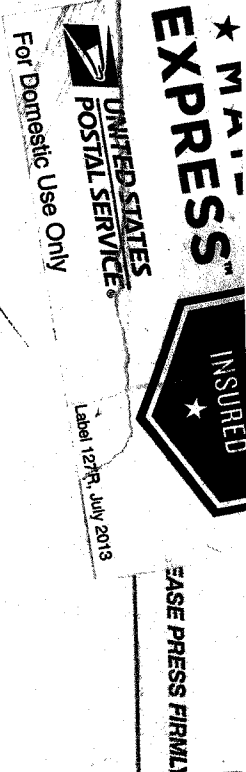
ORIGIN (POSTAL SERVICE USE ONLY)		Day of Delivery		Postage	
PO ZIP Code	90063	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day			
Date Accepted	1/16/14	Scheduled Date of Delivery		Return Receipt Fee	2.55
Time Accepted	5:21 PM	Scheduled Time of Delivery		COD Fee	
Flat Rate <input type="checkbox"/> or Weight	4 lbs.	Month 1 Day 17		Insurance Fee	
		Int'l Alpha Country Code		Total Postage & Fees	22.50
		Acceptance Emp. Initials			1/6

FROM: (PLEASE PRINT) PHONE **310 748 8803**
Mama E. Roedriguez
14429 S. Cookacre
Compton, CA 90221

FOR PICKUP OR TRACKING
visit www.usps.com
Call 1-800-222-1811



EI 460227983 US



DELIVERY (POSTAL SERVICE USE ONLY)		CUSTOMER USE ONLY	
Delivery Attempt	1/17/14	Delivery Date	1/17/14
Time	9:00 AM	Time	9:00 AM
Employee Signature	[Signature]	Employee Signature	[Signature]
Post Office		Post Office	

TO: (PLEASE PRINT) PHONE **310 748 8803**
ResCap Claims
P.O. Box 5004
Hawthorne, CA 90250



EI 460227983 US



Customer Copy
Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 90063	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 19.95
Date Accepted Mo. 1 Day 16 Year 14	Scheduled Date of Delivery Month 1 Day 17	Return Receipt Fee \$ 2.55
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 4 ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
	Int'l Alpha Country Code	Total Postage & Fees \$ 22.50
		Acceptance Emp. Initials no

FROM: (PLEASE PRINT)

PHONE

310 743 5008
Norma E. Rodriguez
14429 S. Cookacre
Compton, CA
90221

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	WAVES OF SIGNATURE (Customer Mail Only) Additional merchandise insurance is void if customer signature is void of signature.
Federal Agency Acct. No. or Postal Service Acct. No.	Customer signature required with delivery signature of addressee or addressee agent in delivery employee indicates that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Mailbox Signature

TO: (PLEASE PRINT)

PHONE

Res Car claim
P.O. Box 5004
Hawthorne, CA
90250

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

9 0 2 5 0 + [] [] [] []

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811

